

FILED JUN 14 1957

STANDARD CERTIFICATE OF DEATH

State File No. 18762
Registrar's No. 5224

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>1</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2808 MAYNOLIA</i>		e. STREET ADDRESS (If rural, give location) <i>2247 2808 MAYNOLIA</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>GRACE</i> b. (Middle) <i>MAE</i> c. (Last) <i>HARRISON</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JUNE 2 1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>MAR 15, 1896</i>
9. AGE (In years last birthday) <i>61</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Iron County, Mo</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>FUNK</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>EVERETT HARRISON</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give way or dates of service)	
16. SOCIAL SECURITY NO. <i>493-55-1033</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>EVERETT HARRISON St Louis, Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i> PRECEDENT CAUSES <i>Cardio-vascular disease</i> DUE TO (b) <i>Coronary atherosclerosis</i> DUE TO (c) <i>Cerebral hemorrhage</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
18. CAUSE OF DEATH (continued)		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> <i>2 yrs</i> <i>7 months</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>442x</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <i>April 19, 1957</i> , to <i>June 1, 1957</i> , that I last saw the deceased alive on <i>June 1, 1957</i> , and that death occurred at <i>4:30 P.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Albert H. Styles, D.O.</i>		23b. ADDRESS <i>631 Union Rd. Belton, Mo</i>	
23c. DATE SIGNED <i>6/2/57</i>		24. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>6/4/57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MAHON</i>	
24d. LOCATION (City, town, or county) (State) <i>Annapolis, MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Carl Smith MD MAHON Funeral Home De Soto, Mo</i>	
DATE REC'D BY LOCAL REG. <i>JUN 4 '57</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Herald J. Nahr*

Licensed Embalmer No. *497*

P. O. Address *De Soto, Ga*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.